



Motor Vehicle Division

96-0286 R07/05 www.azdot.gov

Mail Drop 521M
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100
602-712-8697

USE FUEL VENDOR LICENSE APPLICATION

License Type (check all that apply) <input type="checkbox"/> Vendor <input type="checkbox"/> Vendor – Branch (\$5)				AZ Account Number (vendor accounts)	
Location Information <input type="checkbox"/> New Location <input type="checkbox"/> Existing Location		Date Business Acquired		Acquired From	
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> Other:					
Company Name				Federal Employer ID (EIN)	
Doing Business As (DBA)				Federal Employer ID (EIN)	
Street Address		City		State	Zip
Mailing Address (if different from above)		City		State	Zip
Contact Person Name (first, middle, last, suffix)		Title		Phone ()	
Address Where Records Will Be Maintained		City		State	Zip

Corporations only: Statutory agent designated in the Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name (first, middle, last, suffix)					
Street Address		City		State	Zip
Mailing Address (if different from above)		City		State	Zip

Applicants: Owner, Partner, Officer, Director, Agent, Stockholder. If more space is needed, attach separate listing.

Applicant Name (first, middle, last, suffix)	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip
Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip

☐ Yes ☐ No Has any applicant on this application ever been an owner, partner or officer of another entity that has held or now holds an Arizona Tax License? If yes, list below.

Applicant Name	Tax Account Name	Arizona Tax Account Number
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☐ Yes ☐ No Has any applicant on this application ever been an owner, partner or officer of another entity that has had an Arizona Tax License denied or revoked? If yes, list below.

Applicant Name	Tax Account Name	Arizona Tax Account Number
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☐ Yes ☐ No Has any applicant on this application ever conducted business under another business name? If yes, list below.

Other Business Names

Number Of Dispensers At This Location Gas _____ Diesel _____ Alternative Fuel _____	How Is Each Dispenser Identified?
List Each Identifying Number (example: Pump #1, Pump #2) Gas _____ Diesel _____ Alternative Fuel _____	

What rate of Arizona Use Fuel Tax (**diesel**) is included in the pump price?

Pump #	Tax Rate
Pump #	Tax Rate

Pump #	Tax Rate
Pump #	Tax Rate

Pump #	Tax Rate
Pump #	Tax Rate

Pump #	Tax Rate
Pump #	Tax Rate

Fuel Bay Description (attach a schematic diagram, if available)

Width	Height	Covered <input type="checkbox"/> Yes <input type="checkbox"/> No
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Describe your location's access to intersections, freeways, traffic, etc.

☐ Yes ☐ No Are both use class and light class vehicles allowed to fuel at the same diesel dispenser? If yes, explain how the correct tax rate is determined and how the sales are recorded.

Explain your record keeping methods that support your vendor refund requests.

Arizona Vendor Physical Locations	3.	6.
1.	4.	7.
2.	5.	8.

Each pump must have a label issued by ADOT identifying the tax rate included in the price of fuel at that pump.

Labels Requested @ 18¢/gal	Labels Requested @ 26¢/gal
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A sample of your sales receipt must be attached.

I will provide a sales receipt to the purchaser of the use fuel and retain a copy of the receipt in my files for at least 3 years.

I agree to comply with Arizona Revised Statutes in collecting the appropriate tax rate, vendor claim filing, vendor lease requirements, and posting the appropriate signage to disclose the Arizona Use Fuel tax rate. I agree that the Motor Vehicle Division may refuse any vendor refund claim, if it is determined that the full rate of tax that is imposed on use class motor vehicles was collected from qualified light class vehicles. I agree to submit to MVD all business records required for verification of a vendor refund claim when requested.

I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge.

If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

MVD Use

Date Received	Date Reviewed	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date License Issued	Date License Mailed	Label Order Placed <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Labels 18 ¢ 26¢	Date Labels Mailed	Account Number	Comments		